



Organization and Contact Information

*Legal Name of Organization:

*Contact Name for this request:

*Contact E-mail Address:

*Contact Phone:

The Giving Partner

One of the requirements for this grant opportunity is a profile in The Giving Partner that reflects an Approved/Current status. Please visit The Giving Partner and type your organization's name into the search bar.

*Please copy and paste the link to your Giving Partner profile here:

Once you have found your organization's profile, please look for its status underneath the organization name.

*Please select that status here.

*Did you (personally) update your Giving Partner Profile for this year?

*Was this your first year creating a Giving Partner profile?

Did you (personally) update your organization's Giving Partner profile in a previous year?

When updating your Giving Partner profile this year, how did you find your experience?

i Project Information

If you have any questions or concerns along the way, please feel free to schedule a brief virtual meeting to discuss your application and review questions prior to submission. We want to make sure you're confident that your proposed organizational developments are fully expressed to our committee before any decisions are made.

You can schedule a time to speak with Michelle Croft from our team at this link: [Click Here](#)

Project Information

*Project Name:

*Please describe the purpose of your program in one or two sentences. For example, to support PreK students through early literacy OR to provide mental health support for children and families in need in Sarasota County.

Has your organization received funding from the Community Foundation of Sarasota County through a Programmatic Grant cycle for this program in the last year?

Please wait until 365 days have passed since your award date to apply for this program. CFSC looks forward to reading your application once this time period has passed.

***Please describe your project.** In your description of your project, please explain what problem your project addresses and how you propose to solve this problem through your project. Or detail what will change as a result of your program. *1-2 paragraphs.*

*Please describe the demographics associated with the individuals you will serve with this program. (Include age, race, socioeconomic status, and any other pertinent demographic information that corresponds to the goals of your program.) *2-4 sentences, please*

*Is this an existing program or a new program?

Please describe why you are seeking funding for this existing program this year. Please describe any changes, innovations or circumstances to prompt this request.

*Can you currently project an end date for this project?

*What county/counties will this project be serving?

How many individuals do you expect this project serve?

*Ages 0-5:

*Ages 5-18:

*Ages 18+

Will this project serve animals?

Project Success

*How do you define success for this program? How will you verify that this population has achieved success? What outcomes are you trying to achieve? *1-2 paragraphs, please* (Please include any methods you will be using to track and measure success.)

*What are your short-term and long-term outcome targets?

*What methods of collecting information will you use to determine this project's success? (examples: surveys, pre- and post-program testing, statistics, or anecdotal stories) *2-4 sentences, please*

Please upload a copy of the survey(s) you will use, if applicable: *(Word, excel, pdf, or jpeg files only. Maximum file size is 10mb)*

Please include any additional information as attachments below:
(Word, excel, pdf, or jpeg files only. Maximum file size is 10mb)

Attachment 1:

Attachment 2:

Attachment 3:

\$ Budget Information

*Amount Requested:

*If full funding is not available, would you like this request to be considered for partial funding?

*Will you be able to sustain this program after the grant period ends or is this a project to meet a specific need or timeline? Please describe.

*Does the funding that you are requesting for this program reflect your TOTAL BUDGET for this program?

Please upload a quote(s) below from any outside contractors or services included in your budget

Quote 1:

Quote 2:

Quote 3:

Optional Questions

Please note that the Community Foundation will use the following questions to determine whether your project qualifies for some of our various funds. This section is meant to consider your project for funds that might not otherwise be considered, NOT to eliminate applications that do not qualify for these funds. With this in mind, the following questions are optional.

*I understand that the questions below are intended to better understand my project and that these answers are not required

Location Specific Questions: As a community foundation, our service area includes Sarasota, Manatee, Charlotte and DeSoto counties; however, we have some funds that are restricted for use in specific counties or areas. These questions help us determine if your project is eligible for support from one of those funds.

Is your organization located in Sarasota County?	
Approximately what percentage of your project will serve Sarasota County?	
Some of our funds are restricted for use in Sarasota County. If awarded a grant through one of these funds, would you be able to ensure that funding was spent to specifically on projects in Sarasota County?	
<p>Population Specific Questions: We have several field of interest funds that support work with specific populations in our area. These questions help us determine if your project might qualify for one of these funds.</p>	
Will your project specifically benefit adults or children with disabilities?	
Does your project specifically benefit people who are blind or have low vision?	
Does your project specifically benefit the LGBTQ+ community?	
Are you collecting information on the percentage of program participants that are single mothers or children of single mothers?	